

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTC-575)						SERIAL NO.	FILING DATE			
						10-009,541				
						APPLICANT(S)				
CLAIMS										
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2	1						52			
3	2						53			
4	2						54			
5	1						55			
6	1						56			
7	1						57			
8	1						58			
9	1						59			
10	1						60			
11	1						61			
12	1						62			
13	1						63			
14	1						64			
15	1						65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24	1						74			
25	1						75			
26	1						76			
27	1						77			
28	1						78			
29	1						79			
30	1						80			
31	1						81			
32	1						82			
33	1						83			
34	1						84			
35	1						85			
36	1						86			
37	1						87			
38	1						88			
39	1						89			
40	1						90			
41	1						91			
42	1						92			
43	1						93			
44	1						94			
45	1						95			
46	1						96			
47	1						97			
48	1						98			
49	1						99			
50	1						100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	21						TOTAL DEP.			
TOTAL CLAIMS	23						TOTAL CLAIMS			